

Withdrawn X Granted _____ Denied _____ Modified _____

12. A report evidencing Your aggregate annual revenue derived from the Services Agreement.

Withdrawn _____ Granted _____ Denied _____ Modified X

13. Documents evidencing Your total collections for professional services rendered by Plaintiffs' health care providers for each St. David's facility (St. David's North Austin Medical Center, St. David's South Austin Hospital, St. David's Georgetown Hospital, St. David's Medical Center, St. David's Surgical Hospital, and the Heart Hospital of Austin).

Withdrawn X Granted _____ Denied _____ Modified _____

14. Documents (including communications) relating to Your or Your Billing Agent's establishment of fees to be charged to any Person for professional services rendered by Plaintiffs' health care providers.

Withdrawn X Granted _____ Denied _____ Modified _____

15. Documents showing the billing codes and charges submitted by You or Your Billing Agent to any Person for payment of professional services rendered by Plaintiffs' health care providers.

Withdrawn _____ Granted _____ Denied _____ Modified X

Modified as noted above and as further described on the attached Excel report template (with the definitions of each column to be provided). Completion of the attached Excel report attached as Exhibit A will be considered compliance with this Request.

16. Documents (including communications) relating to charges submitted by Your Billing Agent to any Person for payment of professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted _____ Denied _____ Modified _____

17. Documents relating to or containing the billing codes submitted by You to any Person for professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted _____ Denied _____ Modified _____

18. Documents relating to or containing the billing codes submitted to You by Plaintiffs' health care providers for professional services rendered from December 1, 2014 to present.

Withdrawn X Granted _____ Denied _____ Modified _____

19. Documents showing your collections for professional services rendered by Plaintiffs' health care providers.

Withdrawn _____ Granted _____ Denied _____ Modified X
Modified as noted above and further as described on the attached Excel report template (with the definitions of each column to be provided). Completion of the attached Excel report attached as Exhibit A will be considered compliance with this Request.

20. Documents relating to payments, compensation or reimbursements collected by Your Billing Agent from any Person for professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted _____ Denied _____ Modified _____

21. Documents (including communications) relating to denial of payment for charges submitted by You or Your Billing Agent for professional services rendered by Plaintiffs' health care providers, from December 1, 2014 to present.

Withdrawn X Granted _____ Denied _____ Modified _____

22. Documents (including communications), including but not limited to batch reports, evidencing the date of each payment or collection received by You from any Person related to professional services rendered by Plaintiffs' health care providers.

Withdrawn X Granted _____ Denied _____ Modified _____

23. Your billing guidelines, protocols, or procedures for the billing of professional services rendered by Plaintiffs, including the policies and procedures identified in Section 2.5 of the Services Agreement.

Withdrawn _____ Granted _____ Denied _____ Modified X

24. Documents (including communications) relating to or evidencing Your Billing Agent's billing guidelines, protocols, or procedures for the billing of professional services rendered by Plaintiffs' providers.

Withdrawn X Granted _____ Denied _____ Modified _____

25. Documentation of any dollars paid by or reimbursements received from St. David's for professional services rendered by Plaintiffs' providers, and any contracts or addendums with St. David's providing for such payment or reimbursement.

Withdrawn _____ Granted _____ Denied _____ Modified X

26. A sample recent bank statement during the term of the Services Agreement identifying the account holder and the account(s) from which payments to Plaintiffs for Plaintiffs' health care providers services were made.

Withdrawn _____ Granted _____ Denied _____ Modified X

27. From December 2014 to the present, monthly bank statements for the accounts into which payments received for Plaintiffs' services were deposited.

Withdrawn X Granted _____ Denied _____ Modified _____

28. From December 2014 to the present, monthly bank statements for the accounts from which payments from Defendant(s) to HIA were made.

Withdrawn X Granted _____ Denied _____ Modified _____

29. Documents relating to or evidencing Your control over the billing and collection accounts for professional services rendered by Plaintiffs' health care providers.

Withdrawn X Granted _____ Denied _____ Modified _____

INTERROGATORY

1. Describe the flow of coding, billing, collections, and distributions related to Plaintiffs' health care providers' services rendered per the Services Agreement, meaning which entity identified the codes to be billed, which entity submitted the claims, which entity received payments on the claims, and which entity made distributions of those payments and to whom were such distributions made.

It is accordingly **ORDERED** that Plaintiffs Hospital Internists of Austin, P.A. and Hospital Internists of Texas' Motion to Compel Defendants' Responses to Plaintiffs' First Set of Requests for Production (Dkt. #53) is **GRANTED IN PART in accordance with the above**. It is further **ORDERED** that the Opposed Motion for Entry of Protective Order of Quantum Plus, LLC d/b/a TeamHealth Hospital Medicine West, Team Health, LLC, and AmeriTeam Services, LLC (Dkt. #50) is **DENIED**.

SIGNED March 5, 2019.



MARK LANE
UNITED STATES MAGISTRATE JUDGE

Respectfully submitted,

By: /s/ Lorinda Holloway
Lorinda Holloway
State Bar No. 00798264
Lorinda.Holloway@huschblackwell.com
Kevin Koronka
State Bar No. 24047422
Kevin.Koronka@HuschBlackwell.com
Danielle Gilbert
State Bar No. 24092421
Danielle.Gilbert@HuschBlackwell.com

HUSCH BLACKWELL, LLP
One Congress Plaza
111 Congress Avenue, Suite 1400
Austin, Texas 78701-4093
Telephone: (512) 472-5456
Telecopier: (512) 479-1101

ATTORNEYS FOR PLAINTIFFS

By: /s/ John C. Dunne
John C. Dunne
State Bar No. 00787405
jdunne@smfadlaw.com
George A. Shannon
State Bar No. 18106000
gshannon@smfadlaw.com

SHANNON, MARTIN, FINKELSTEIN, ALVARADO & DUNNE
A Professional Corporation
1001 McKinney Street, Suite 1100
Houston, TX 77002
(713) 646-5500 (Phone)
(713) 752-0337 (Fax)

ATTORNEYS FOR DEFENDANTS

| Patient Name | GE MRN# | Billing Area | GE Inv# | DOS | Billing Provider Name | Assisting Provider Name | Original FSC | CPT Code | RVU | Line Item Payment FSC | Allowed | Paid | Payment Date | Total Payments | Allowable amount for visit | Payment received from insurer | Payment received from patient |
|-----------------|---------|-----------------|---------|-----|-----------------------------|-------------------------------|-----------------|----------|-----|-----------------------------|---------|------|-----------------|-------------------|----------------------------------|--|--|
|-----------------|---------|-----------------|---------|-----|-----------------------------|-------------------------------|-----------------|----------|-----|-----------------------------|---------|------|-----------------|-------------------|----------------------------------|--|--|

Exhibit A